



UNIVERSITY
OF MICHIGAN

SEP 1 1958

PUBLIC HEALTH
LIBRARY

California's Health

Vol. 16, No. 5 · Published twice monthly · September 1, 1958

SCHOOL HEALTH EDUCATION CAN BE EVALUATED

MARION G. JOSEPHI, M.D.,* formerly Assistant Health Officer, and HENRIK L. BLUM, M.D., Health Officer, Contra Costa County

EVALUATION

Health Education of Children

The health education achieved by the students was evaluated in two ways; by the increase in knowledge shown by formal tests and by the attitude shown in attempting to correct health defects.

Health Tests

a. Contents

Questions relating to five areas of health were gathered from various standard testing agencies and adapted to Brentwood students by faculty committees. The resultant tests were composed of 20-25 questions approximately equally divided among the fields of personal hygiene, body structure and function, disease control, nutrition and safety, and sanitation. In the high school a set of 20 questions in each of the five categories were developed.

b. Method of Testing

The tests were given on a single day in October, without previous preparation, to grades five through eight in Brentwood and as a control in the same grades in the nearby similar community of Oakley. They were given to the entire student body in the high school in social studies, English, and history classes (as this school has no home rooms). The papers were collected immediately by the health staff and corrected and analyzed. In December, each

This is one section of the report made in December 1957, of the Brentwood School Health Study, conducted in Contra Costa County from 1950-1953. Copies of the complete report are available from the Contra Costa County Health Department.

The Brentwood School Health Study was a demonstration health program carried out in the elementary and secondary schools of Brentwood. At the time of the study Brentwood's population was about 4,500, with an elementary school population of 650 and a high school population of 513.

The study came about when Brentwood citizens requested assistance from the county school and health departments in providing adequate school health services. The request came at a time when staff of both of these departments were already strongly aware of the need for a good school health demonstration program to evaluate methods and techniques.

A planning committee was formed consisting of representatives from each P. T. A. and Parents' Club, administrators and teachers from both schools, trustees from both school districts, the County Health Officer, the Director of Nurses, the public health nurse serving the district, and the county school Co-ordinators of Health and Recreation.

This committee worked out the plan of the demonstration, agreed on its objectives, outlined the health program content, defined the duties of the various persons in the program, and decided what areas were to be evaluated.

The school health staff consisted of an assistant health officer assigned to the project as school physician and two public health nurses from the health department, each giving half of every day to her school.

At the conclusion of the three-year study, the staff considered that showing the possibility of evaluating the success of school health education through classwork and school practices was the most important phase of the demonstration.—Ed.

teacher received a brief summary of the knowledge level of her students in each test area. No reports were given on individual questions.

In June the same test was given to the same pupils and was corrected in class. The October papers were then returned to the school and each pupil was given an opportunity to see the improvement made during the year and to discuss the questions. All papers were then collected for final analysis by the health staff.

c. Analysis of the Tests Material Results

There was a general increase in knowledge in both the Brentwood and Oakley groups. However, the total number of correct answers varied considerably. A comparison of the two schools is shown in the following table:

TABLE I
Percentage of Students Answering Questions Correctly on Second Test

Percent of correct answers	Brentwood	Control group (Oakley)
Above 90% -----	56	28
70%-89% -----	24	39
50%-69% -----	15	27
Below 50% -----	5	6

Table I shows that twice as many of the Brentwood children had a superior knowledge of health subjects as the Oakley children and that many more of the Oakley children had a fair to poor rating than the Brentwood children. In the high school the gain in knowledge was, percentagewise,

* Deceased

not uniform or as great as in the Brentwood Elementary School but some gain was registered in all classes. The results are tabulated somewhat differently and shown below:

Increase in Number of Questions Correctly Answered on Second Test Compared to the First

Grade Nine	Grade Ten	Grade Eleven	Grade Twelve
40%	38%	48%	80%

The area having the best knowledge level was safety and sanitation, followed by mental health, body struc-

ture and function. Personal hygiene questions were well answered by slightly more than one-fourth of the students but only one-fifth had good knowledge of disease control and only one-eighth a good knowledge of nutrition.

Correlation of Health Teaching Proficiency To Level of Student Knowledge

It was found that more than half of the Brentwood elementary students falling in the two lowest groups came from one class. Therefore, we were stimulated to correlate the amount of

teaching received by the children with the correctness of their answers.

Method of rating teaching proficiency:

At the close of the school year each teacher filled out a report of her activities in health teaching. The report covered the five fields on which testing had taken place and described the teaching tools used. The tools included classroom discussion, student projects, use of books and pamphlets, use of films, film strips or recordings, and use of posters and display items.

RATING OF HEALTH TEACHING

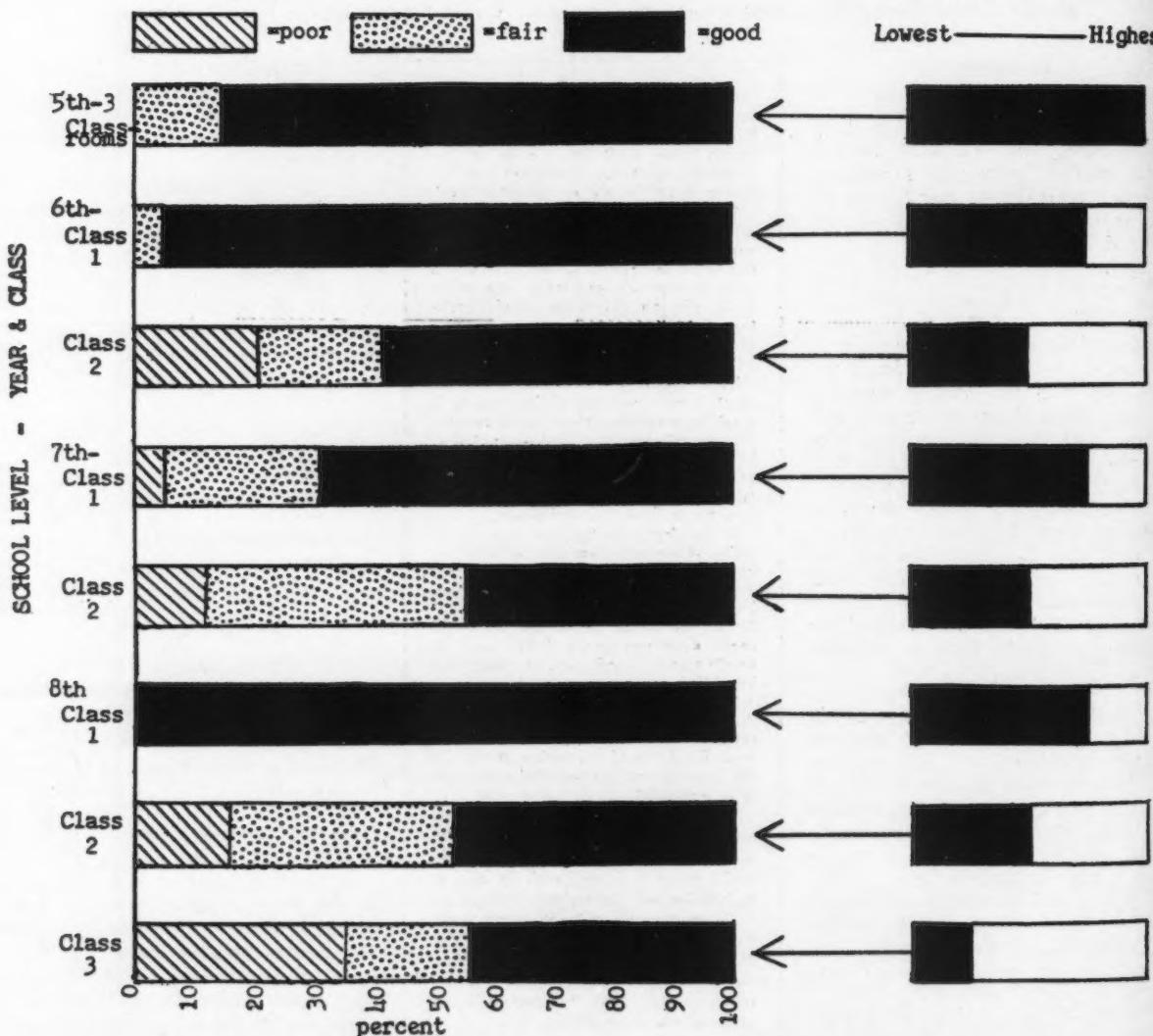


FIGURE 1. Distribution of grades on health knowledge tests (1953) by school level, classroom and health teaching

A rating of teaching in each field for each teacher was made according to the following scheme—

- Use of all tools placed the teaching in the superior group
- Use of 75% of the tools placed the teaching in the good group
- Use of 50% of the tools placed the teaching in the fair group
- Use of 25% of the tools placed the teaching in the poor group

Figure 1 shows the results for the three combined fifth grades, both sixth, both seventh, and three eighth-grade classes. In the four situations where teaching was good or superior, the level of student response was also good or superior and in only one of them were there any responses in the poor group. In the one class where teaching was classed as poor, 35 percent of the replies were poor and another 20 percent were classed as fair. From the above, it is evident that a direct correlation existed between good teaching and a good level of student knowledge. Since the content of the test questions were not known to the teachers in advance this reflects a level of teaching of the entire health field and not of material geared to the tests. A more detailed breakdown of importance of level of knowledge to amount of teaching is shown for the subjects of safety and sanitation in Figure 2.

The relationship was also studied at the secondary level. However, it was found to be more difficult to evaluate because of the nature of the program as no specific course in health is given in this school. Health subjects are integrated into the general curriculum, some courses offering one or more health units, others making only cursory reference to health. Although the main teaching was done in social studies, the sciences, physical education, some health subjects were included in more than 20 different courses. Since not all members of the same grade take the same courses the amount of health teaching among the students is not uniform. However, it was possible to estimate the amount of health teaching in the high school and it was obviously far less than in the elementary.

Results showed that there was not the same relationship between teaching and achievement in the high school as was found in the elementary school. Here knowledge may have in-

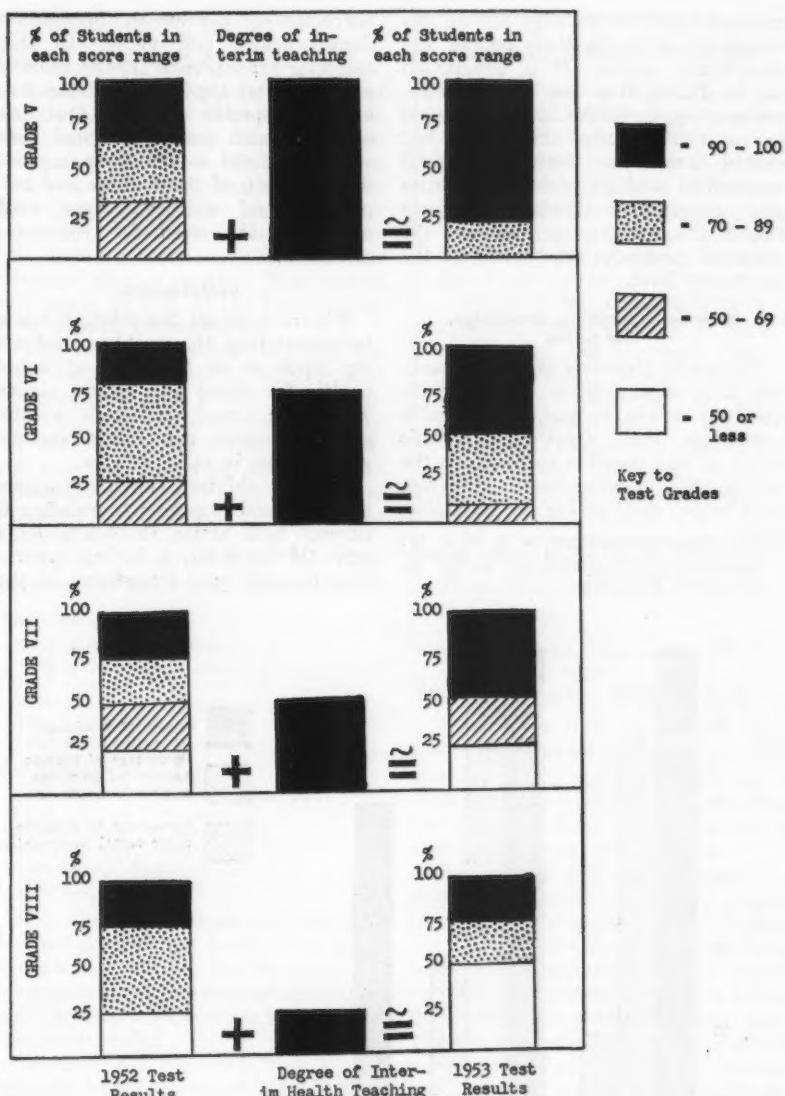


FIGURE 2. Effect of teaching on knowledge of safety and sanitation using tests in 1952 and repeated in 1953

creased with maturity to a greater extent than with health teaching.

Relation of Knowledge to Interest Level

The question has arisen as to whether the areas of good knowledge are due primarily to good teaching or whether a natural interest in the subject exists at that age level and is the primary stimulus toward acquiring knowledge. The following year 25 questions covering the areas included in the health tests were submitted to

Brentwood students to determine their stated interest level. The validity of this survey is certainly questionable. The results showed much less correlation between interest level and accomplishment in the high school than between teaching and accomplishment in the grammar school.

Throughout the high school the greatest proclaimed interest lay in those areas which actually touched the life of the student. There appeared to be less curiosity or seeking of gen-

eralized health knowledge among the secondary students than among the elementary pupils. If a conclusion can be drawn, it is that a health education program might best be planned to cover the entire 12 years, but should stress the more generalized anatomical and physiological studies and community health problems among the primary grades and the personal problems of health at the secondary level.

Relation of Teaching, Knowledge, and Action

The major objective of health teaching is to stimulate in the child individual action to put good health knowledge into practice.¹ In this study it was possible to measure the relationship between health teaching, knowledge, and action in obtaining

correction of defects in the fields of dental health and vision. In their teaching report, each faculty member reported the type of teaching done on these specific subjects. Questions on the health tests concerned these subjects. Total school screening was done in both of these areas and both parents and children were made aware of the need for reparative measures.

Dental Health

Figure 3 shows the relationship of understanding the problem and acting upon it in the field of dental health for three 5th grade classes. The same trend, although without such an overall gratifying response, was evident in other grades.

Of the children having superior teaching and superior knowledge 60 percent took action to obtain dental care. Of the children having superior teaching and good knowledge 50 per-

cent took action. Of the children having fair teaching and fair to good knowledge 33-40 percent took action. Of the children having poor teaching and fair to good knowledge 30-40 percent took action. This indicated that children having superior teaching put the resultant knowledge into action. To further break down the relationship to the actual individual, we analyzed the individual seventh and eighth grade responses to the questions and related them to the care received by that individual. For those who answered all of the dental questions correctly the percentage getting care was 48 percent. For those who did not answer the questions correctly the percentage getting care was 29 percent.

The results in the high school approximately paralleled those in the seventh and eighth grades, indicating that the increased maturity did not stimulate more action among the secondary students. However, the same relationships probably prevailed between good information and care, for of the group who received care, more than two-thirds were students who had a good knowledge of dental needs.

Visual Health—Relation Between Teaching, Knowledge and Action

Teaching of visual health was reported by seventh and eighth grade teachers and related questions were included in the health tests. Eye screening was done for every child and the need for corrective measures explained to parents and students where it was indicated. In one class where teaching was fair, 44 percent of students needing correction achieved it. In other classes where teaching was poor, 29-45 percent of students needing correction achieved it. The results were less clear cut since all of the students had a fair to good knowledge of eye health.

The ability to measure the effort expended and the results obtained are available wherever health programs are carried out. Not only can information and performance levels be measured but they can be related to the effectiveness and extent of teaching at the elementary school level.

There are several other good study areas not included in this excerpt. A nutrition knowledge evaluation can also be compared with a one-day food

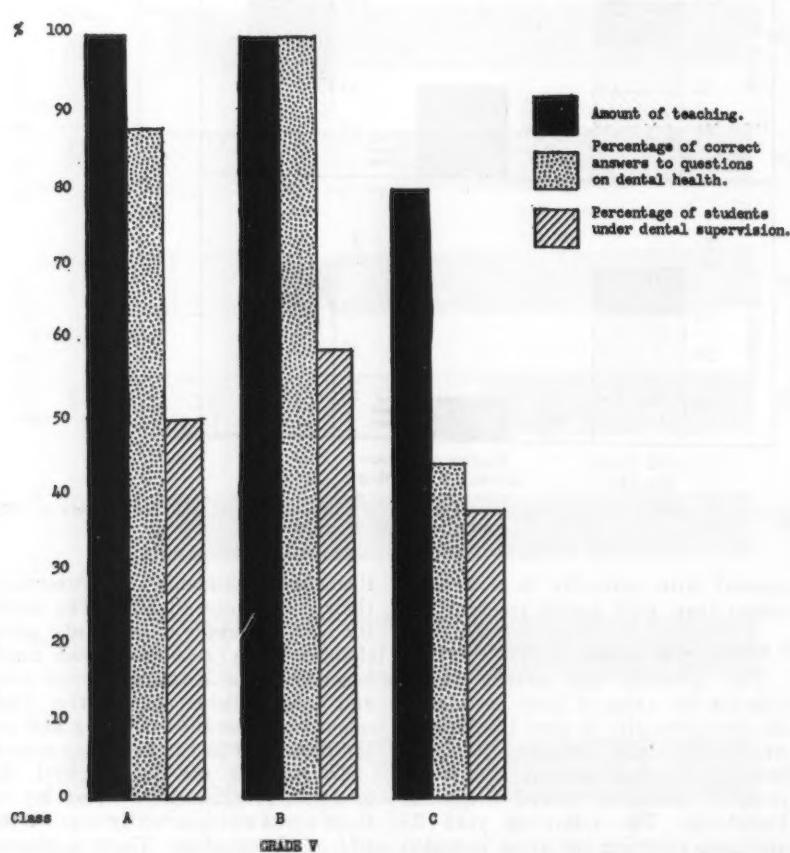


FIGURE 3. Relation between teaching, knowledge and action in dental health by classroom unit

¹ John Howard Shaw, Ed.D., F. A. P. H. A.: Evaluation in the School Health Instruction Program, *Am. Journal P. H.* 47, No. 5:582, May 1957.

intake survey in a most effective and informative manner.^{2,3}

(Editor's Note: The complete report of the study closed with these conclusions.)

Conclusions

1. The main function of a school health program is health education.
2. This will be facilitated by competent health consultants, preferably at the level of one full-time, well qualified public health nurse per thousand students, and approximately four hours of qualified physician's time per week per thousand students.
3. There is definite need to use specific health teaching units.
4. There is need for testing the health information levels each year and correlating this with the teaching effort expended.
5. Health teaching is one field that lends itself to the most practical kind of evaluation; that is, its effect upon performance.
6. In health information testing, every effort should be made, through now well established devices, to measure the improvement in the level of performance in such things as nutrition, personal hygiene, dental care, medical care of defects, etc.
7. The actual transmutation of student health information into action for health cannot take place on the basis of stimulation in the school alone. The school which is seriously desirous that its children also learn health through healthful practices will have to involve the parents.
8. Involvement of the parents can be achieved. At least the community manifestations of involvement such as provision of adequate health programs, health personnel, nutritional services, safety and sanitation can probably be achieved in every community.

Modern science cannot yet answer the question as to why sickness is so often accompanied by fever.—*This Week*, Massachusetts Department of Public Health, Vol. 7, No. 27.

²Marion G. Josephi and Henrik L. Blum: *The School Lunch. The Nation's Schools*, 100-8, March, 1956.

³Highlights Dietary Surveys 1952-53. State of California, Department of Public Health Nutrition Service.

VD Control Training Courses Offered in Los Angeles

The California State Department of Public Health, in co-operation with the Los Angeles City Health Department and the Public Health Service, announces the continuation of their jointly sponsored one- and two-week courses in the techniques of contact interviewing and investigation for venereal disease control. The courses will again be held at the Los Angeles City Health Department.

This activity provides training for local health department workers and for personnel from armed forces medical facilities who have responsibility for venereal disease contact interviewing and field follow-up to locate persons who may have been exposed to venereal disease and to bring them to medical supervision.

The following schedule has been planned for the Fiscal Year 1958-59:

Two-week course

1958	September 22-October 3
1958	October 27-November 7
1959	January 12-January 23
1959	February 16-February 28
1959	March 23-April 3
1959	May 4-May 15

One-week course

1958	September 22-September 26
1958	October 27-October 31
1959	January 12-January 16
1959	February 16-February 20
1959	March 23-March 27
1959	May 4-May 8

The one-week courses are designed to meet the training needs of the more experienced public health nurse or communicable disease investigator, and the two-week courses are for the less experienced.

Trainees are accepted from health agencies in the States of Washington, Oregon, Montana, Idaho, Colorado, Nevada, Wyoming, Arizona, New Mexico and California. Funds are available for payment of travel and subsistence expenses.

The instruction is given to small groups of approximately eight persons, so that each student has an opportunity to participate in the interviewing of patients under the supervision of the instructor. The courses are given for the purpose of sharpening the skills of these workers in uncovering hidden foci of venereal disease infections in the community.

Further information is available from the Los Angeles City Health De-

SPECIAL CENSUS RELEASES

Special census of California cities, Series P-28 *Los Angeles County*: LaVerne (1206); *Signal Hill* (1206); *Orange County*: Costa Mesa (1208); Stanton (1206); *San Bernardino County*: Chino (1206); *Shasta County*: Redding (1209); *Solano County*: Rio Vista (1206).

Copies of these releases may be obtained from: Library, Bureau of Foreign and Domestic Commerce, United States Department of Commerce at 419 Customs Building, 555 Battery Street, San Francisco, California, or at Room 450, 1031 South Broadway, Los Angeles, California.

In ordering, specify series and number as shown in parenthesis. These numbers are *not* population figures.

Morbidity Reporting Institutes Held

More than 150 local and state health department personnel attended a series of six regional institutes on morbidity reporting held throughout the State in June by the Bureau of Acute Communicable Diseases.

Purpose of the institutes was to discuss the revised morbidity reporting procedures which became effective July 1st. Under the new procedures local health departments will report cases of communicable diseases to this department in summary form only. The procedures also provide for direct reallocation of cases of certain diseases between local health departments according to place of probable contraction or place of residence.

These procedures mark one more step in the evolution of communicable disease control in California by returning the responsibility for collection and maintenance of basic records necessary in disease control to local health departments.

partment, Venereal Disease Training School, 4920 Avalon Boulevard, Los Angeles, or from the State Health Department, Bureau of Acute Communicable Diseases, 2151 Berkeley Way, Berkeley 4.

DIRECTORY**STATE DEPARTMENT OF PUBLIC HEALTH**
2151 Berkeley Way, Berkeley 4, California
TH ornwall 3-7900**DIVISION, BUREAU, SERVICE OR SECTION****DIRECTOR OF PUBLIC HEALTH**
Malcolm H. Merrill, M.D.

Deputy Director

Frederic M. Kriete, M.D.

ACCOUNTING SECTION

(Bureau of Business Management)

Robert C. James, Accounting Officer

ACUTE COMMUNICABLE DISEASES,
BUREAU OF

Arthur C. Hollister, Jr., M.D., Chief

ADMINISTRATION, DIVISION OF

Robert G. Webster, Chief

ADULT HEALTH, BUREAU OF

Irma West, M.D., Acting Chief

AIR POLLUTION SECTION, HEALTH
EFFECTS OF

(Bureau of Chronic Disease Control)

John R. Goldsmith, M.D., Section Head

AIR SANITATION, BUREAU OF

John A. Maga, Chief

ALCOHOLIC REHABILITATION,
DIVISION OF

John R. Philp, M.D., Chief

2180 Milvia Street

BLINDNESS PROJECT, PREVENTION
OF

William Simmons, Supervisor

BUSINESS MANAGEMENT, BUREAU
OF

G. Leonard Johnston, Chief

CALIFORNIA DISASTER OFFICE

Frank L. Cole, M.D., Chief

W. Dalton Davis, M.D., Medical
Consultant

2002 Acton Street

CANNERY INSPECTION SECTION
(Bureau of Food and Drug Inspection)

McKinley Wheeler, Section Head

CHILD HEALTH RESEARCH UNIT
(Bureau of Maternal and Child Health)Ralph Hornberger, M.D., Chief
2082 Center Street**CHRONIC DISEASE CONTROL,**
BUREAU OF

Lester Breslow, M.D., Chief

CRIPPLED CHILDREN SERVICES,
BUREAU OF

Marcia Hays, M.D., Chief

DENTAL HEALTH, DIVISION OF

Lloyd F. Richards, D.D.S., Chief

ENVIRONMENTAL SANITATION,
DIVISION OF

Frank M. Stead, Chief

EPIDEMIOLOGY SECTION

(Bureau of Acute Communicable Diseases)

John W. Brown, M.D., Acting Chief

FOOD AND DRUG INSPECTION,

BUREAU OF

Milton P. Duffy, Chief

HEALTH EDUCATION, BUREAU OF

Ann Wilson Haynes, Chief

Alton Wilson, Assistant Chief

HOSPITALS, BUREAU OF

Gordon R. Cumming, Chief

John R. Derry, Assistant Chief

LABORATORIES, DIVISION OF

Howard L. Bodily, Ph.D., Chief

Floyd Hartmann, Sc.D., Assistant Chief

LABORATORY—AIR SANITATION

Harold Helwig, Ph.D., Chief

LABORATORY—BACTERIOLOGY

Alcor S. Browne, Ph.D., Chief

LABORATORY—FOOD AND DRUG

Joseph Thom, Chief

LABORATORY—INDUSTRIAL

HYGIENE

Wesley Roberts

LABORATORY FIELD SERVICES

W. Max Chapman, M.D., Chief

LABORATORY—LOS ANGELES

BRANCH

Remo Navone, Chief

1930 Beverly Boulevard, Los Angeles

MA 6-1515

LABORATORY—SANITATION

Arnold E. Greenberg, Chief

LABORATORY—VIRAL AND

RICKETTSIAL DISEASE

Edwin H. Lennette, M.D., Chief

LOCAL HEALTH SERVICE,

DIVISION OF

John C. Dement, M.D., Chief

Donald G. Davy, M.D., Assistant Chief

W. Allen Longshore, M.D., Assistant Chief

Hamlet C. Pulley, M.D., Chief, Field

Services

George F. O'Brien, M.D., Chief, Contract
Services**MATERNAL AND CHILD HEALTH,**
BUREAU OF

Leslie Corsa, Jr., M.D., Chief

MEDICAL SOCIAL SERVICE

Esther Spencer, Chief

MENTAL HEALTH SERVICE

Arnold D. Schwartz, M.D., Chief

NUTRITION SERVICE

Helen Walsh, Chief

OFFICE MANAGEMENT SECTION

(Bureau of Business Management)

Harold W. Staff, Office Manager

PERSONNEL AND TRAINING,
BUREAU OF

Jack B. Johnston, Chief

David Kleinman, Assistant Chief

Robert M. Bramson, Training Officer

POISON CONTROL, STATE

CLEARINGHOUSE FOR

J. Harold Williams, M.D., Head

PREVENTIVE MEDICAL SERVICES,
DIVISION OF

Robert Dyar, M.D., Chief

William H. Clark, M.D., Assistant Chief

PROGRAM DEVELOPMENT AND
EVALUATION SECTION

(Bureau of Chronic Disease Control)

James O. Gillespie, M.D., Section Head

PUBLIC HEALTH NURSING,
BUREAU OF

Edna J. Brandt, Chief

RECORDS AND STATISTICS,

BUREAU OF

Paul W. Shipley, Chief

SANITARY ENGINEERING,

BUREAU OF

Edward A. Reinke, Chief

STATISTICAL CONSULTATION

SERVICE SECTION

(Bureau of Records and Statistics)

Florence E. Olson, Section Head

TABULATION SECTION

(Bureau of Records and Statistics)

Charles W. Byrnes, Section Head

TUBERCULOSIS CONTROL,

BUREAU OF

Edward Kupka, M.D., Chief

VECTOR CONTROL, BUREAU OF

Richard F. Peters, Chief

VETERINARY SERVICE

(Bureau of Acute Communicable Diseases)

Ben H. Dean, D.V.M.

VITAL RECORDS SECTION

(Bureau of Records and Statistics)

Irvin Rautenberg, Section Head

631 J Street, Sacramento

HI 5-4711

VITAL STATISTICS AND GENERAL

SERVICES SECTION

(Bureau of Records and Statistics)

Frank D. Norris, Section Head

FIELD OFFICES

Fresno	Public Health Nursing, Vector Control, Food and Drug, Sanitary Engineering, 5545 East Shields Avenue, Fresno (CL inton 5-8371)
Los Angeles	State Building, 217 West First Street (MA dison 6-1515)
Los Angeles	Branch Laboratory, 1930 Beverly Boulevard (MA dison 6-1515, Ext 2338)
Monterey	Food and Drug, Cannery Inspection, 648 Ocean View Avenue, Monterey (FR ontier 5-3457)
Redding	Sanitary Engineering, 1265 Oregon Street, Redding (CH estnut 1-2115)
Sacramento	Business Management, Vital Records, Crippled Children Services, Food and Drug Inspection, Sanitary Engineering, Vector Control, 631 J Street, Sacramento (HI ckory 5-4711)
San Bernardino	Sanitary Engineering, Hospitals, Food and Drug Inspection, 2190 Lugo Avenue, San Bernardino (TU xedo 4-76101, 4-76102)
San Diego	Sanitary Engineering, Food and Drug, Cannery Inspection, Hospitals Room 7, B Street Pier Building, San Diego (BE lmont 2-5063)
San Francisco	Food and Drug Inspection, Crippled Children Services, Room 138, World Trade Center, Ferry Building, (GA rfield 1-8800)
San Jose	Food and Drug Inspection, 476 Park Street, San Jose (CY press 4-1871)
Santa Barbara	Sanitary Engineering, Food and Drug Inspection, 712 North Milpas Street, Santa Barbara (WO odland 5-3426)
Santa Rosa	Sanitary Engineering, Food and Drug Inspection, 2323 Sonoma Avenue, Santa Rosa (LI berty 5-7387)
Stockton	Food and Drug Inspection, 3326 North San Joaquin Street, Stockton (HO ward 4-6639)
Terminal Island	Food and Drug, Cannery Inspection, Ferry Building (TE rminal 2-3575)
Willows	Sanitary Engineering, 136 North Ventura Street, Willows (WI llows 169)

Public Health Positions

Humboldt-Del Norte County

Public Health Nurse: Salary range, \$439 to \$549; first step increase after six months. Generalized program, including school nursing. Work week 37½ hours. Car furnished for work. California PHN certificate and driver's license required. Apply to Virginia Nelson, Director, Public Health Nursing, Humboldt-Del Norte County Health Department, P. O. Box 857, Eureka, California.

Long Beach City

Public Health Microbiologist: Salary range, \$378 to \$461. Starting salary dependent on experience and qualifications. California certificate required. For details write: I. D. Litwack, M.D., Long Beach Department of Public Health, 2655 Pine Avenue, Long Beach 6, California.

Napa County

Sanitarian: Salary range, \$358 to \$436; starting salary dependent on experience and qualifications. Generalized sanitation program. Retirement plan, medical plan, sick leave and three weeks vacation. Must have California registration or be qualified for it. Apply to: Sterling S. Cook, M.D., Director of Public Health, Napa County Department of Public Health, P. O. Box 749, Napa, California.

San Bernardino County

Assistant Director of Public Health: Salary range, \$909 to \$1105. M.D. and M.P.H. degrees required, plus one year rotating hospital internship and two years in a public health department, one of which must have been in an administrative capacity.

Public Health Medical Officer: Salary range, \$866 to \$1052. M.D. degree required and one year rotating hospital internship. Must have or be eligible for California state license to practice medicine.

Microbiologist: Salary range, \$417 to \$460. Must have or be eligible for California State Microbiologist Certificate.

For further information about any of the three above positions, write: County Personnel Department, 236 Third Street, San Bernardino, California.

San Diego County

Dentist: Salary range, \$679 to \$786.

Dental Hygienist: Salary range, \$397 to \$438.

To perform professional services for rural school children in a mobile dental unit. California license but no experience required.

Public Health Nursing Education Consultant: Salary range, \$507 to \$616. Master's degree including study in mental health and psychiatric nursing and two years of recent supervisory, consultative or teaching experience required.

For details about the three positions above write San Diego Civil Service, Room 403, Civic Center, San Diego 1, California.

With the invention in 1865 of the self-registering thermometer by Dr. Aitken in England, clinical thermometers began to make their appearance in English hospitals about 1866-67,

REPORTED CASES OF SELECTED NOTIFIABLE DISEASES

California, Month of July, 1958

Diseases	Cases reported this month			Total cases reported to date		
	1958	1957	1956	1958	1957	1956
Series A						
Amebiasis	48	243	132	807	1,163	569
Coccidioidomycosis	15	21	22	121	123	100
Measles	2,208	1,734	1,894	32,347	51,430	28,947
Meningococcal infections	13	13	17	116	110	172
Mumps	722	987	1,474	13,649	15,473	29,028
Pertussis	441	402	219	2,372	1,291	1,382
Rheumatic fever	7	11	6	85	90	92
Salmonellosis	188	390	126	591	871	752
Shigellosis	167	180	124	898	892	955
Streptococcal infections, respiratory	1,372	281	233	8,926	5,930	3,728
Trachoma	—	—	—	2	80	3
Series B						
Chancroid	8	2	7	48	38	51
Conjunctivitis, acute newborn	1	—	1	12	3	6
Gonococcal infections	1,915	1,545	1,569	10,249	9,506	8,850
Granuloma inguinale	1	1	—	6	4	1
Lymphogranuloma venereum	3	—	2	22	14	19
Syphilis, total	578*	533	601	3,770*	3,627	3,723
Primary and secondary	75	40	NA	297	264	NA
Series C						
Anthrax	—	—	—	—	—	—
Brucellosis	2	4	1	19	34	17
Diarrhea of the newborn	—	3	1	16	18	6
Diphtheria	—	—	1	5	4	24
Encephalitis	82	60	61	312	311	349
Food poisoning (exclude botulism)	197	71	47	650	722	716
Hepatitis, infectious	174	174	148	1,207	1,210	1,150
Hepatitis, serum	15	8	5	69	60	54
Leprosy	1	1	3	9	11	6
Leptospirosis	—	—	—	2	—	3
Malaria	4	6	8	12	17	23
Meningitis, viral or aseptic	138	NA	NA	161	NA	NA
Poliomyelitis, total	35	118	354	124	333	1,039
Paralytic	23	33	227	75	136	698
Nonparalytic	12	85	127	49	197	341
Psittacosis	2	3	4	15	22	22
Q fever	9	4	12	25	30	44
Rabies, animal	17	13	21	120	102	220
Rabies, human	—	—	—	—	1	—
Rocky mountain spotted fever	—	—	—	—	—	1
Tetanus	11	4	6	30	16	20
Trichinosis	1	4	1	3	6	8
Tularemia	1	—	—	3	1	3
Typhoid fever	3	6	10	32	34	54
Other *						
Botulism	—	—	4	1	—	4
Plague	—	—	—	—	—	1
Typhus fever (endemic)	1	1	—	2	2	2
Series D						
Epilepsy	392	255	372	2,530	2,054	2,109
Tuberculosis	584	656	—	3,921	4,155	—

* These spaces will be used for any of the following rare diseases if reported: botulism, cholera, dengue, plague, relapsing fever, smallpox, typhus fever, yellow fever.

** Excludes 450 cases found positive by special serologic survey (Mexican National farm workers at Border Reception Center, El Centro).

† Excludes 3,866 cases found positive by special serologic survey (Mexican National farm workers at Border Reception Center, El Centro).

‡ 1958 data not comparable.

NOTE: The changed format above has been adopted to conform with the revised procedure for reporting notifiable diseases. In the present procedure, adopted by the State Department of Public Health July 1, 1958, a grouping of diseases into four series replaces the previous alphabetic array. It will be noted that in this grouping all venereal diseases are now found in Series B, and diseases of particular epidemiologic significance are combined in Series C.

and came into general use toward the end of that decade. However, they were about 10 inches long, still required five to seven minutes to register, and were so clumsy in their cases as to require being carried under the arm somewhat like a gun. — *Good Health for Wyoming*, Vol. III, No. 15

State-Federal Funds Allocated For Hospital Construction

State and federal matching funds totaling \$16,354,802 were allocated for the construction of 32 hospital, health center, and nursing home projects at an August 11th-12th meeting in San Francisco of the State Health Department's Advisory Hospital Council. State funds allocated amount to \$8,177,401 or half the total.

This marked the tenth year that state and federal funds have been allocated to California projects under the Hill-Burton Hospital Construction Act. Since that time, and including this year, more than \$85,000,000 have been allocated.

Listed below are the allocations by category and the total amount of state-federal funds, which represent two-thirds of project cost. The remaining one-third is provided by the applicant.

General Hospitals: Hoopa Community Hospital, Hoopa, \$100,000; Fallbrook District Hospital, Fallbrook, \$257,618; Tri-City District Hospital, Vista, \$1,241,386; Lassen County Hospital, Susanville, \$334,160; Grossmont District Hospital, La Mesa, \$1,334,502; San Miguel Hospital, El Cajon, \$990,760; Marin General Hospital, San Rafael, \$1,436,830; Antelope Valley District Hospital, Lancaster, \$1,891,324; Washington Township District Hospital, Fremont, \$150,666; Livermore Valley Community Hospital, Livermore, \$587,288;

St. Rose Hospital, Hayward, \$1,462,874.

Psychiatric Hospitals: Santa Barbara, General Hospital, Santa Barbara, \$280,480; Sutter Memorial Hospital, Sacramento, \$436,156; Memorial Hospital of Long Beach, Long Beach, \$172,800; General Hospital of Riverside County, Arlington, \$408,318; Fresno Community Hospital, Fresno, \$152,700; St. Mary's Hospital, San Francisco, \$645,054.

Health Centers: Imperial County Health Center, El Centro, \$171,344; Sutter-Yuba Health Center, Marysville, \$141,832; Los Angeles City, Valley District Health Center, Van Nuys, \$277,400; Los Angeles County, Whittier District Health Center, Whittier, \$378,556; Riverside County Health Center, Riverside, \$415,276; Yolo County Health Center, Woodland, \$115,408; Merced County Health Center, Merced, \$140,478.

Chronic Hospitals: Rancho Los Amigos Hospital, Norwalk, \$536,860.

Nursing Homes: Humboldt County Community Hospital, Eureka, \$495,984; Shasta County Hospital, Redding, \$340,100; St. John's Hospital, Oxnard, \$42,852.

Diagnostic and Treatment Centers: Mercy Hospital, San Diego, \$356,478; San Joaquin General Hospital, French Camp, \$180,382.

Rehabilitation Centers: Casa Colina Rehabilitation Center, Pomona, \$312,816; Crystal Springs Rehabilitation Center, San Mateo, \$566,120.

"I have been charged with enthusiasm, but I regard enthusiasm with reference to the avoidance of death, pain, and calamity to our fellow creatures as a thing not at all to be ashamed of."—*Baron Joseph Lister* (1827-1912).

A recent nationwide survey shows the percentage of newborn infants that are bottle fed while in the hospital has nearly doubled since 1946.—*Science News Letter*, Vol. 74, No. 1.

GOODWIN J. KNIGHT, Governor
MALCOLM H. MERRILL, M.D., M.P.H.
State Director of Public Health

STATE BOARD OF PUBLIC HEALTH
CHARLES E. SMITH, M.D., President
San Francisco
MRS. P. D. BEVIL, Vice President
Sacramento
DAVE F. DOZIER, M. D.
Sacramento
L. S. GOERKE, M. D.
Los Angeles
HARRY E. HENDERSON, M.D.
Santa Barbara
ERROL R. KING, D.O.
Riverside
SAMUEL J. McCLENDON, M.D.
San Diego
HENRY J. VOLONTE, D.D.S.
Hillsborough
FRANCIS A. WALSH
Los Angeles
MALCOLM H. MERRILL, M.D.
Executive Officer
Berkeley

Entered as second-class matter Jan. 25, 1949,
at the Post Office at Berkeley, California,
under the Act of Aug. 24, 1912. Acceptance
for mailing at the special rate approved for
in Section 1103, Act of Oct. 3, 1917.

STATE DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH EDUCATION
2151 BERKELEY WAY
BERKELEY 4, CALIFORNIA

Ann Arbor, Mich.
Unit. of Michigan
General Library
Documents Division

hu-
with
ath,
rea-
be
ster

ows
ants
hos-
6.—
. 1.

4.

49,
ia,
nce
for

TH

124